



# **Hoosier Assurance Plan Instrument – Adults (HAPI-A) Scoring Instructions**

February 14, 1997

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1 The scoring instructions were developed by Frederick L. Newman with John McGrew, Rick Paul, Professional Development Associates, Kay Hodges, the research assistants at IUPUI, and the members of the Hoosier Assurance Plan Pilot Instrument Advisory Panel under the direction of Richard DeLiberty, Deputy Director, Indiana Division of Mental Health.

## **Hoosier Assurance Plan Instrument -Adults Scoring Instructions [February 14, 1997]**

### **I. Overview & Values**

The Hoosier Assurance Plan Instrument for adults [**HAPI-A**] is designed to measure the degree to which a consumer's functioning is impaired. The instrument was developed with the assistance of an advisory panel of representatives from mental health and substance abuse agencies as well as with the *Key Consumer Group* of Indiana. The panel first established a set of values to guide the development of the instrument and its applications. The values were within two clusters:

**Outcomes** --The consumer should expect that the services would help them to:

- ☞ minimize distress;
- ☞ manage their own life affairs and move into society's mainstream;
- ☞ decrease dependency on state resources;
- ☞ promote successful involvement in vocational-educational activities;
- ☞ establish and maintain a positive social support network;
- ☞ support sobriety; and,
- ☞ support good physical health.

**Process** -- The consumer should expect to have access to sufficient information to make informed choices in selecting a service provider.

The information collected with *HAPI-A* will be one of several data sources that will be used to generate a *Provider Profile* that describes indicators of access, appropriateness, outcome, and consumer satisfaction for each service provider. Indicators employed in the *Provider Profile* must be empirically based, with estimates of their measurement quality (e.g., reliability, validity, sensitivity to change, utility to support consumer choice and utility to support clinical and management decision-making).

### **II. Potential applications**

In addition to the values adopted by the panel, the design of the *HAPI-A* has to meet the demands of two sets of applications. First, the instrument is expected to support local agency needs for the assessment, service-treatment planning, and the review of the quality of care with and for the consumers of Indiana's system of services. Moreover, at the individual consumer level, information recorded on the scale will be used to justify funding services based upon a profile of her or his needs, to follow the progress and outcome of the services.

The vocabulary of the scales within the instrument should also help communicate the status of the consumer with regard to service goals across staff disciplines and experience, as well as across service agencies. This common vocabulary could help diminish the Indiana's possibility for miscommunication across agency and disciplinary lines. Such miscommunication is thought to be related to a break down in the consumer's continuity of care and their eventually dropping out of treatment.

Aggregate data from the instrument within and across agencies will be used:

- a) To identify cost-homogeneous groups (consumers with similar needs for services;
- b) To justify level of cost reimbursement for each homogeneous cost group; and,
- c) To provide a profile of consumers served and their outcomes.

### III. Conceptual framework for the Multi-Factor Instrument

The primary goal of a service is to assist the consumer to achieve a level of functioning as free as possible from symptom distress, with the ability to manage his or her own affairs and to be a productive member of a community. Each item on the *HAPI-A* seeks to estimate the degree to which two features come together to impact the consumer's functioning. The first is the degree to which a particular problem or skill deficit has the potential to negatively influence role performance or functioning. The second is the degree to which the problem is mitigated by the consumer's ability to self-manage her or his functioning or quality of life given the severity of the problem or skill deficit. One assumption here is that *self-management and impact on consumer functioning* are so highly related it would be best to consider these two features together. Because self-management is an important value underlying the instrument, the degree to which the consumer can mitigate the potential for the problem to negatively impact role performance or functioning is woven into the logic of each item's rating.

**Self-management** --The general logic of self-management can be introduced by describing its extreme levels. When self-management is operating very well (with *minimal* problem difficulty or impact on functioning) the consumer is capable of monitoring their reactions to stressful situations and their own signs and symptoms. When these signs appear to be stressful and/or become problematic to role performance or functioning, the consumer makes use of available resources to mitigate the problem 'or its potential negative influence on role functioning. At the other extreme, the problem is so *severe* that the consumer either does not see it as a problem, or does not see that they have any responsibility for it, or does not think that anything can be done to alleviate the problem. In between these two extremes are degrees to which the consumer becomes involved in taking responsibility for the problem and its impact on daily functioning (*moderate levels*).

The manner in which self-management skills are manifested is largely determined by the nature of the problem and its potential impact on role performance or functioning. The anchors given within each item are different because the features of each problem area and the self-management skills needed to deal with the problem are specific to that domain. Therefore, be sure to refer to the anchors within each item. The instrument's items cover six factors that profile the physical and psychosocial character of a person:

1. Symptoms of Distress & Mood
2. Health & Physical Status
3. Community Functioning
4. Social Support, Social Skills & Housing
5. Risk Behavior & Substance Abuse
6. Reliance on Services to Maintain Community Functioning

#### IV. The Interview

The principle guideline is that completing the instrument should not interfere with the flow of the clinical interview. The interviewer's interactions with the consumer should not be interrupted by artificial questions that interfere with learning about the consumer's circumstances. Thus, all questions asked should be framed in a manner that supports the telling of their story. The consumer should expect that you will both attend to them and that you will record the information they are providing you.

**Using and tailoring the recommended probe questions** --Each item has a question that can be used to initiate discussion with the consumer on that topic. You do not need to use the exact wording of the *probe* question. Consider the *probe* question to be a *recommended* line of inquiry. Attending to the disposition of the consumer at the time of the interview and the tone of the relationship that you have established with the consumer should guide how the question ought to be framed.

**Order of the probe questions is recommended but not required.** --Although the sequence of the probe questions is recommended, the actual sequence you employ should be tailored to what the consumer brings into the interview. The most important guide is how the sequence, content, and tone of the questions support a relationship such that the consumer is willing to help you to help them. While it is important that all the major areas are covered, sticking strictly to the listed sequence is not required.

**Providing evidence for a rating** --You will need to give ratings and then offer evidence, either on the form or in a clinical narrative, to support the ratings that are equal to or less than 5 (as dictated by your agency's policies). This will be important for both communicating with colleagues and for auditing the records. The ratings provide a translation of what you observe or information you have gathered about the consumer. ***Thus, it will be important that you provide specific examples of observations that lead to your ratings, utilizing the language contained in the scoring instructions.*** General examples of behaviors typical to each item are given below the *probe* question.

**Self-report information** --Although much of the evidence you obtain for this instrument is self-report, these data should be sufficient unless there is also evidence that the person is not being truthful with you.

**Learn the conceptual framework and vocabulary of the instrument** --The instrument represents a common frame of reference for communicating symptoms and problem severity, self-management skills, and the impact of these on community functioning among three classes of people: a) those providing services to the consumer; b) the consumer; and, c) those in the consumer's support system. Moreover, the instrument has also been developed to reflect the service system's values and philosophy. Here it is worthwhile to summarize earlier discussion.

- **Each Item's anchors are related to the instrument's values and common themes** --The primary goal of services is to assist the consumer to achieve a level of functioning as free as possible from symptom distress. With the ability to manage her or his own affairs and to be a productive member of the community. Each item of the scale seeks to estimate the degree to which a particular problem or deficit impacts on a person's daily functioning and is mitigated by her/his ability to self-manage. Thus, the anchors within each item are the primary references when rating a single item.
- **Drawing together symptom and problem severity with self-management skills** - Severe symptoms are correlated with increased psychological distress, impaired community and interpersonal functioning, and difficulty participating positively in treatment. As symptom severity decreases and social skills increase, the person is better able to become involved in and/or manage their own treatment. The choices for a rating on each of the items within the **HAPI-A** are defined in terms of how symptom or problem severity combines with a consumer's self-

management skills to impact on functioning. The overview of the development of all of the **HAPI-A** items is described on the back cover of these scoring instructions.

- **Using the language of the instrument to communicate** --The vocabulary across items is also designed to help you communicate the status of the consumer with regard to service goals. It is a vocabulary that is intended to bridge differences in disciplines, agency affiliation, and experience. This common vocabulary could help diminish the possibility for miscommunication across agency and disciplinary lines. Such miscommunication is thought to be related to a breakdown in the consumer's continuity of care and her/his eventually dropping out of treatment. By using the consistent language of the instrument's common themes (to minimize distress and to promote self-management) the likelihood to mis-communicate should be diminished.

**Using the instrument for consumers with possible substance abuse problems (as a single or a co-morbid condition)** --The instrument covers all of the major areas covered under standardized substance abuse instruments, but under a format that is consistent with the values stated earlier. Although there is an item that focuses specifically on substance abuse, ratings on other items may be influenced by the person's use of alcohol or drugs. These items are:

**D. Health & Physical Status**

[Including notes about any history of DT's or seizures]

**L. Disruptive-Inappropriate Behaviors**

**M. Risk Behavior**

**O. Reliance on Services to Maintain Community Functioning**

For each of these items, there is a *Check box* that indicates

**[ ]-Associated with substance use.**

If this choice is made as evidence supporting the severity rating, it is necessary to indicate the issues related to substance use. It is recognized that substance use also may influence ratings for other items. You can document this by providing notes either in the space provided on the form or in the clinical narrative (as dictated by your agency's policies). Under item **M. Risk Behavior**, there are several check boxes that may be related to substance use. Be sure to provide notes if any of these are checked.

Additional notes are provided under the substance abuse item, **N.** in the scoring instructions.

**Normal behavior is the over-riding frame of reference** --When rating a consumer, consider the consumer's behaviors relative to those of a non-mentally ill person of similar age, gender, and socio-economic status.

## V. Detailed Instructions on Completing the Instrument

**Identifying Information:** Optional, done according to your agency's guidelines. For a description of these demographic items, see Appendix A.

**Scoring the HAPI-A:** A score ranging from ① to ⑦ is required for each of the fifteen items on the instrument. A rating of ① indicates that there is evidence of a problem having the most severe impact on functioning in that area and that it is beyond the capability of the consumer to manage its negative impact. A rating of ⑦ indicates that the evidence is that the consumer has no problem managing his/her functioning in this area. The guiding principles for making the ratings are given on the back cover of these scoring instructions. The specific details for rating each item are given in the next section of the instructions.

A **Factor Score** is obtained by summing the items within a factor, as shown below.

<b>Possible Factor Sum</b>	
<b>FACTOR SCORE SUMMARY:</b>	
FACTOR-1. Symptoms of Distress & Mood [Sum items A + B + C]	[3- 21]
FACTOR-2: Physical & Health Status [Item D]	[1 -7]
FACTOR-3 Community Functioning [Sum items E + F + G + H]	[4 -28]
FACTOR 4. Social Support -Skills, & Housing [Sum items I + J + K + L]	[4- 28]
FACTOR 5. Risk Behavior & Substance Use [Sum items M + N1 through N6]	[7- 49]
FACTOR-6 Reliance on Mental Health Services (Item O)	[1 -7]

**Ratings within each item** --The detailed definitions are given below. Two choices are contained within each item and have the same definition throughout.

**O-LC** = Low Confidence. Please make every effort to gather information sufficient to give a reasonable estimate of a rating for all items. If you have no evidence to support a rating of less than ⑦, but your intuition tells you that the rating may be lower, you should still score the item a ⑦, but mark **LC plus** ⑦ for that item.

⑦ **-None** = This is checked if there is evidence that there are no signs of a problem within the domain covered by that item. One would need evidence that no problem exists and that the person is capable of managing her/his functioning in this area, e.g., the person is working at a job with pay.

**Factor- 1: Symptoms of Distress & Mood [Items A, B, & C]** --The first three items in Factor-1 call for a general rating of **SYMPTOM DISTRESS**. If the level of symptom distress does threaten to interfere with day-to-day functioning, then the clinical interviewer is expected to determine if signs of anxiety or depression accompany it. Ratings of distress, **A**, anxiety -worry, **B**, and depression, **C**, are to be done in a parallel fashion.

⑥ - ⑤ **Minimal Distress (or Interference or Sadness) --Can manage symptoms with effort.**

At level **6** symptoms are noticeably present some of the time, but the threat to impairing role performance or functioning is readily controlled by the person.

At level **5** the symptoms are more consistently present and clearly recognized. To prevent noticeable impairment to role performance or functioning person needs to, and can, exert consistent vigilance and effort to deal with the distress.

④ - ③ **Moderate Distress (or Interference or Sadness)-- Manages only with extra effort and support**

At level **4** symptoms do impair role performance or functioning to a degree that is readily noticeable to self or others. She/he can function with extra effort and with support from others when the level of distress starts to become overwhelming.

At level **3** symptoms are sufficiently active to impair role performance or functioning below a level acceptable to the consumer or others in contact with the consumer. The support needed from others is welcomed and is seen by the consumer as necessary to perform day-to-day functions.

② - ① **Severe Distress (or Interference or Sadness) --Little to no symptom control**

At level **2** the symptoms are consistently present and overwhelming to the person such that she/he can attend to little else, but she/he will respond to efforts by others to provide assistance (support or treatment).

At level **1** the symptoms are at least as debilitating as Level **2**, however, the person is so overwhelmed by the symptoms that they are either uncooperative with efforts to help them or are indifferent to such efforts.



**FACTOR- 2 [Item DI --Health and Physical Status** --A person may have one or more medical or physical conditions that can impact role performance or functioning independent of any problems (and vice versa). It is also possible that there are significant interactions between the person's medical or physical condition and her/his mental health or addiction status. You are to describe whether there is any medical or physical condition that could interfere with functioning, and if so to what degree the condition impacts on their ability to manage their role or functioning. It will be important to identify anyone or more medical or physical conditions and the extent to which it is chronic or acute. NOTE, if it is a female, identify whether the person is pregnant.

⑥ - ⑤ **Minimal Interference --Can manage activities with effort.**

At level **6** difficulty with performing activities is noticeable some of the time, but the person is able to control any threat to role performance or functioning.

At level **5** difficulty with performing activities is more consistently present and to prevent noticeable role performance or functional impairment she/he needs to, and can, exert consistent vigilance and effort.

④ - ③ **Moderate Interference --Maintains activities only with extra effort and support**

At level **4** difficulty with performing activities is noticeable to self or others, but she/he can perform these activities with extra effort and support from others. The person recognizes what resources are needed to sustain role performance and functioning and will seek assistance from others.

At level **3** difficulty to perform activities is at a level that would lead to negative consequences without direct help from others. The support needed from others is welcomed by the consumer and is seen as necessary to perform these activities. It is the level of dependency on assistance from others that distinguishes level **3** from **4**. At level **3** the person does not see themselves as taking the major responsibility for managing resources to sustain role performance or functioning.

② - ① **Severe Interference --Requires close or consistent supervision**

At level **2** performing activities is beyond the personal capability of the consumer, but she/he does recognize the negative consequences of the problem if left unattended. Thus, she/he will permit others to assist directly in her/his activities.

At level **1** performing activities is beyond the capability of the consumer. The consumer does not recognize the consequences of not attending to the condition adequately, and either resists any assistance by others or is so indifferent to any assistance that she/he exhibits no belief (understanding) that the intervention could remediate the problem.

**Factor- 3: Community Functioning [Items E through H]** --The four items within Factor-3 describe the external evidence that the mental illness or addiction impairs role performance or functioning. Although all the items have a parallel logic to them, each item may require independent inquiry. The first two items [E and F] focus on the level of difficulty a person has with managing the impact of their illness or addiction on day-to-day activities.

⑥ - ⑤ **Minimal Difficulty --Can manage activities with effort.**

At level **6** difficulty with performing activities is noticeable some of the time, but the person is able to easily control any threat to impaired performance.

At level **5** difficulty with performing activities is more consistently present and recognized. To prevent noticeable performance impairment she/he needs to, and can, exert consistent vigilance and effort.

④ - ③ **Moderate Difficulty --Maintains activity only with extra effort and support**

At level **4** difficulty with performing activities is noticeable to self or others, but she/he can perform these activities with extra effort and support from others. The person can (does) take an active role in the appropriate use of these supports.

At level **3** difficulty with performing activities is at a level that would lead to negative consequences without direct help from others. The support needed from others is welcomed by the consumer and is seen as necessary to perform these activities. In the work situation, the person would need to be directed and closely monitored in the performance of most tasks.

② - ① **Severe Difficulty --Requires close or consistent supervision**

At level **2** taking responsibility for these activities appears to be beyond the capability of the consumer, but in realizing the negative consequences she/he will permit others to supervise her/his activities very closely.

At level **1** taking responsibility for these activities is beyond the capability of the consumer. The consumer may not see this as a problem and either resists any assistance by others or is so indifferent to any assistance that she/he exhibits no belief (understanding) that any assistance could correct the problem.

**Factor- 3 (Continued) Items G. & H --Time & Task Orientation, Ability to Learn, & Thought Disorder** --The last 2 items have differing influences on role performance and functioning. As such, different patterns within and across each may lead to different decisions in formulating a service-treatment plan.

⑥ - ⑤ **Minimal Difficulty or Impact on Functioning --Can manage activities or control symptoms with effort.**

At level **6** difficulty with performing activities is noticeable some of the time, but the person recognizes the problem and is able to control any threat to impaired role performance or functioning.

At level **5** difficulty with performing activities is more consistently present and to prevent noticeable role performance or functional impairment she/he needs to, and can, exert consistent vigilance and effort.

④ - ③ **Moderate Difficulty or Impact on Functioning --Maintains activity only with extra effort and support**

At level **4** difficulty with performing activities is noticeable to self or others, but she/he can perform these activities with extra effort and support from others. The person welcomes the assistance of others in her/his efforts to exert self-management over the problem.

At level **3** difficulty with performing activities is at a level that would lead to negative consequences without direct help from others. The support needed from others is welcomed by the consumer and is seen as necessary to perform these activities. In an educational or work situation (particularly a new job), the person would need to be directed and closely monitored in the performance of most tasks.

② - ① **Severe Difficulty or Impact on Functioning --Requires close or consistent supervision**

At level **2** difficulty with performing activities is beyond the person's capability to control. The person does recognize that without help the current condition could lead to negative consequences and she/he feels that it is necessary for others to direct her/his activities very closely.

At level **1** difficulty with performing activities is beyond the capability of the consumer to control. The consumer appears to have little to no understanding of the negative consequences of the current level of confusion or difficulty, and either resists any assistance by others or is indifferent to any assistance. She/he exhibits no belief (understanding) that the intervention could correct the problem.

**FACTOR -4: Social Supports, Interpersonal Skills, & Housing --Items I through L.** Ratings on the four items within Factor-4 must each be considered according to scales with unique characteristics.

**I. Social-Family Support & Interpersonal Relations** --focuses on close relationships (e.g., family or close friends), and on more distant interpersonal relationships characteristic of day-to-day social interactions required to function in the community.

**⑥ - ⑤ Minimal Difficulty --Can obtain support or manage interpersonal relations with effort.**

At level **6** difficulty with sustaining social-family support and interpersonal relations on a daily basis is recognized by the person, and she/he finds it is possible to maintain acceptable relationships with effort.

At level **5** difficulty to sustain social-family support and interpersonal relations on a daily basis is evident, but a socially positive level of interactions is only possible with consistent vigilance and effort at each encounter. The person is able to do this with the vigilance and effort required, although is clearly not comfortable with the situation.

**④ - ③ Moderate Difficulty --Manages these interpersonal relations only with extra effort and support.**

At level **4** difficulty with social-family support and interpersonal relations on a daily basis is evident to self or others, and sustaining these relationships is only possible with extra effort and support from others. The person is able to mobilize appropriate supports when distress related to these relationship starts to become overwhelming,

At level **3** difficulty is evident at most all encounters. The support needed from others is welcomed by the consumer and the external support is seen as necessary to sustain positive interactions with others.

**② - ① Severe Alienation/Difficulty --No support available or only possible with daily assistance.**

At level **2** interpersonal interactions with others are either non-existent or are so difficult that they are actively avoided by the consumer or others avoid the consumer. Positive interpersonal interactions are able to be sustained with active assistance.

At level **1** interpersonal interactions with others are either non-existent or so difficult that they are actively avoided by the consumer or others avoid the consumer. The consumer resists any assistance, expressing disbelief that anything will change the current situation.

**J. -Satisfaction with Living Arrangements** --This item focuses on satisfaction with, and the stability of the consumer's living arrangements. If the consumer has moved one or more times within the last six (6) months, this must also be noted. The rating of the consumer's level of **Distress** regarding *Living Arrangement* should consider both the location and the stability of the arrangement. Some of the reasons for distress might be due to problems listed under items **I**, **K**, or **L**. Note this if it is true.

⑥ - ⑤ **Minimal Distress --Can manage with effort.**

At level **6** distress related to living arrangements is noticeable (specific reasons can be identified) but the person is able to easily control any threat to impaired role performance or functioning.

At level **5** distress related to living arrangements is more consistently present, e.g., on most days (with specific incidents identified), and to prevent noticeable role performance or functional impairment she/he needs to, and can, exert consistent vigilance and effort.

④ - ③ **Moderate Distress --Maintains current living arrangement only with extra effort and support, or is considering making an appropriate move but needs support to do so.**

At level **4** distress related to living conditions has a negative influence on some areas of role performance or functioning, but she/he can sustain the arrangement with extra effort and support from others. If the person should consider making a move, she/he can only perform the activities related to arranging the move with a great deal of extra effort and assistance from others.

At level **3** distress related to living conditions shows a negative influence in several major areas of role performance or functioning. Current performance is at a level that would lead to negative consequences without direct help from others. The support needed from others is welcomed by the consumer and is seen as necessary to either sustain her/his current living arrangement or to make a move to a more appropriate situation.

② - ① **Severe Distress --Requires close or consistent supervision.**

At level **2** distress is sufficiently debilitating that it impairs role performance or functioning most of the time. The consumer recognizes the severity of the distress and will permit others to direct her/his activities with regard to living arrangements.

At level **1** distress is as debilitating as described under level **2**, however, in this case the consumer does not express any interest in taking action to correct the problem on her/his own. Or resists any assistance by others, or is so indifferent to any assistance that she/he exhibits no belief (understanding) that the intervention could correct the problem.

**K. Victimization** --There are two aspects of victimization in this item, either one or both may negatively influence role performance or functioning. One is the potential for some agent in the environment to threaten the person (e.g., vermin, fire danger, or a neighborhood where mugging is frequent). The other is the potential for a person in the consumer's social circle (including the family) to threaten or to verbally or physically abuse the consumer.

⑥ - ⑤ **Minimal Threats --Can recognize and deal with dangers with effort.**

At level **6** the danger is recognized and its nature is sufficiently understood such that the person is able to control any threat to impaired role performance or functioning.

At level **5** the danger is recognized and its nature is sufficiently understood by the consumer such that she/he can, with consistent effort and vigilance control any threat to impaired role performance or functioning.

④ - ③ **Moderate Threats --Recognizes dangers but can only deal with them with extra effort and support.**

At level **4** the danger of negative impact on role performance or functioning is consistently present and recognized by the person, but she/he can only deal with the danger with extra effort and support from others.

At level **3** the danger of negative impact on role performance or functioning is consistently present, and impaired performance is evident. The consumer recognizes that the danger exists, but does not understand what is needed to change the situation without assistance.

② - ① **Severe Threats/Dangers --Does not recognize danger(s); requires close or consistent supervision and support.**

At level **2** the threats or dangerousness of the victimization occurs frequently, and when they occur they severely impact role performance or functioning. The consumer recognizes the problem, but does not understand what can be done to avoid or alleviate the situation. The consumer will cooperate with any assistance offered, but shows no evidence of taking any responsibility to correct the problems.

At level **1** the threat or dangerousness of the victimization occurs frequently, and when it does occur it severely impacts role performance or functioning. The consumer shows no recognition of the signs of threat or dangerousness therefore requires close supervision and support.

**L. -Disruptive -Inappropriate Behaviors** --This item focuses on behaviors that will typically bother others who witness the behavior. The degree of "*bother*" will also lead to others either avoiding the person or attempting to get the person's behavior under control (often done in an involuntary fashion). Under either condition, some degree of impairment to role performance or functioning (particularly social functioning) is evident.

⑥ - ⑤ **Minimal Interference --Can control behavior with effort.**

At level **6** difficulty with controlling impulses is noticeable some of the time, but the person is able to control these when there is any threat to impaired performance.

At level **5** difficulty with controlling impulses is more consistently present and to prevent noticeable role performance or functional impairment she/he needs to, and can, exert consistent vigilance and effort.

④ - ③ **Moderate Interference --Can maintain control of behavior only with extra effort and support.**

At level **4** difficulty with controlling impulses is noticeable to self and others, but she/he can perform these activities with extra effort and support from others.

At level **3** difficulty to control impulses is at a level that would lead to negative consequences without direct help from others. The support needed from others is welcomed by the consumer and is seen as necessary to perform day-to-day activities.

② - ① **Severe Interference --Requires close or consistent supervision for behavioral control of impulses.**

At level **2** controlling impulses is beyond the capability of the consumer, but she/he recognizes the severity of the impact on role performance or functioning and will permit others to direct her/his activities very closely.

At level **1** impulse control is beyond the capability of the consumer and she/he does not recognize the negative consequences of her/his behavior. The consumer either resists any assistance by others or is so indifferent to any assistance that she/he exhibits no belief (understanding) that the intervention could correct the problem.

**Factor - 5. --Risk Behavior & Substance Abuse --**These two items present the extreme case of other domains (e.g., mood, thought disorder, or substance abuse). Yet for successful service planning each domain must be assessed thoroughly if there are any signs of distress.

## **M. Risk Behavior**

### **⑥ - ⑤ Minimal Problem --Behaviors can be controlled with effort.**

At level **6** difficulty with controlling thoughts, actions, or impulses is noticeable some of the time, but the person is able to control any threat to impaired role performance or functioning.

At level **5** difficulty with controlling thoughts, actions, or impulses is more consistently present and to prevent noticeable role performance or functional impairment the person must, and can, exert consistent vigilance and effort.

### **④ - ③ Moderate Problem --Control over impulses to do risky or dangerous behaviors requires extra effort and support.**

At level **4** difficulty with controlling thoughts, actions, or impulses is noticeable to self and others, and she/he recognizes the potential negative consequences if no control is exerted. She/he can exert the appropriate level of control with extra effort and with some support from others.

At level **3** difficulty with controlling thoughts, actions, or impulses is at a level that would lead to negative consequences without direct help from others. The support needed from others is welcomed by the consumer and is seen as necessary to avoid performing these activities. The need for external support by others is seen as more important here than at level **4**.

### **② - ① Severe Problem --Requires close or consistent supervision.**

At level **2** difficulty with controlling thoughts, actions, or impulses is beyond the capability of the consumer. The consumer does not appear able to take personal responsibility for the problem or its remediation, but does recognize that extreme negative consequences could result if no control is exerted. Thus, she/he will permit others to closely direct her/his activities.

At level **1** difficulty with controlling thoughts, actions, or impulses is beyond the capability of the consumer and there appears to be little recognition of the negative consequences of her/his actions. Moreover, the consumer either resists any assistance by others or is so indifferent to any assistance that she/he exhibits no belief (understanding) that the intervention could remediate the problem.



**N. Substance Abuse** [Adapted from Drake, Teague, et al, 1990] -There are multiple aspects to completing the items within the domain called *Substance Abuse*, Separate ratings are provided for alcohol and for drug(s) for the last 30 days; over the last year; and, over the life-time prior to the interview. The rating scale used for these ratings is given below. It combines the measure of problem severity with self-management. The severity scale was developed by Drake, Teague and their colleagues at Dartmouth in 1990, and we adapted it to meet the values set by the Advisory Panel for this project.

- ⑦ **NONE:** Person has not used substance(s).
- ⑥ - ⑤ **MILD-MINIMAL:** Used substance, but no evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use, no evidence of immediate dangerous use. The distinction between level 6 and 5 is the ease with which the person can exert control over taking more than they should. At level 6 the person recognizes the social and legal implications of substance use, recognizes their "wanting" to use it, but can readily exert the control necessary to avoid inappropriate use and related problems. [Note: If it is an illegal substance, this means avoiding any use.] At level 5, the person requires more vigilance to control their use of the substance(s).
- ④ - ③ **MODERATE:** Used substance with evidence of immediate or recurrent social, occupational, psychological, or physical problems or evidence of recurrent or dangerous use, Moderate or intermittent signs of impairment on functioning. At level 4 the person recognizes the problem and requires considerable effort and support to control her/his substance use. At level 3 the person would report that the effort required to control her/his wanting to "use" is almost constant, and/or that she/he needs ready access to support to sustain her/his efforts. Success in the control of use at both levels is less than perfect for some. Some report that they do not believe that they can sustain control without active involvement with a support system (see item **O. Reliance on Services to Maintain Community Support**).
- ② **SEVERE:** Meets **MODERATE** criteria plus current evidence of greater amounts or duration of consumption than intended. Much time spent obtaining or using substance, current intoxication or withdrawal interfering with other activities due to use; continued use despite knowledge of substance related problems, marked tolerance; withdrawal symptoms or use to relieve/avoid withdrawal. Although the person recognizes the extent of the problem, ability to control intake without assistance from others does not appear to be possible.
- ① **EXTREME SEVERE:** Meets **SEVERE** criteria -plus problems precipitating or exacerbating current crisis. The person does not appear to recognize the seriousness of the problem while at this level and will typically resist any assistance.

In addition to rating the problem severity over the last 30 days, the intensity of the substance use is assessed by more detailed questions with regard to:

**Alcohol:**

# **Drinks per day** [one drink = one shot; one glass of wine; one 12-oz beer]

\$ **per month** [consumer's estimate of amount of money spent on alcohol over the last 30 days]

**Drug(s):**

\$ **per mo.** [The consumer's estimate of the amount of money spent on drugs over the last 30 days].

If alcohol or drug use is reported for the last 30-days, then also rate the severity for **the last 48 hours**.

If drug use is reported, also list the drug(s) consumed over the **last 48 hours as well** as the primary drug(s) used over **the last 30 days**.

If there is evidence of alcohol or drug use currently or in the past, be sure that you re-check for any complications that may co-exist with the problem domains covered under:

**D. Health & Physical Status**

[Including notes about any history of DT's or seizures]

**L. Disruptive -Inappropriate Behaviors**

**M. Risk Behavior**

**O. Reliance on Services to Maintain Community Functioning**

## **O. Reliance on Services to Maintain Community Functioning**

The rating on this item is critical to service planning. Its focus is on the extent to which the person can maintain her/his role performance and/or functioning in the community with, or without the agency's involvement.

It should be noted that a person can receive a rating of levels **5** or **6** throughout the other items of this instrument and still exhibit behaviors, or be under circumstances, that would indicate a level of **4** or less on this item. The categories listed below the sample *probe question* provide possible reasons for the person to maintain services. If there has been a long history of mental health or addiction problems, this should also be noted, if not noted elsewhere. Obviously, the lower the rating of self-reliance, the more concrete the argument needs to be to justify that the person needs continued services.

### **⑦ No Reliance on Services to Maintain Functioning in the Community**

At level **⑦**, the services may enhance consumer functioning, but are not required to maintain community functioning.

### **⑥ - ⑤ Minimal Reliance on Services --Can manage activities with effort.**

At level **6** the consumer will manifest some sub-optimal functioning in the community without services.

At level **5** the consumer will manifest mild impairment in at least one major life area without services.

### **④ - ③ Moderate Reliance on Services --Maintains activity only with extra effort and support.**

At level **4** the consumer will manifest moderate difficulty in at least one major life area, noticeable to self or others without services.

At level **3** the consumer will manifest moderate difficulty in more than one major life area with definite negative consequences without services.

### **② - ① Severe -Total Reliance on Services --Requires close or consistent supervision or support.**

At level **2** the consumer will manifest severe difficulty in at least one major life area such that danger to self or others appears to be imminent without services.

At level **1** the consumer will manifest severe difficulty in at least multiple life areas such that danger to self or others appears to be imminent without services.

## **Appendixes**

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Note: It is necessary to refer to these scoring instructions (p. 7-19) frequently in order to properly score the HAPI-A. However, a brief summary of the scoring guidelines is provided to allow quick reference for those who are skilled in using the instrument (see back cover). Also provided are an explanation of identifying information found on page 4 of the HAPI-A, (Appendix A), a brief overview of the intent of each item (Appendix B), and decision making flowcharts for each item (Appendix C).

## Appendix A

### Supplemental Information Used in Auditing (All sites are expected to have this available in clinical record for an audit)

**AXIS-V [Global Assessment of Functioning].** This is Axis V of the consumer's DSM-IV (1994) multiaxial diagnosis. Ranges are provided on page 5 of the instrument.

**Primary and Secondary Diagnoses of Record.** Please use DSM-IV (1994) for these designations. This could be completed by a member of the **medical records** staff from other records, or another party, e.g., a physician.

**Staff ID #, date of interview, and staff signature** are given in the space provided.

**Type of Review** --It is recommended that all HAPI-A forms be reviewed before factor scores are reported.

The **review** categories are:

☐ **Supervisory** --a review by a person in a supervisory position.

☐ **Peer** --a review by a peer, which might be done when a program is using a team approach.

☐ **Records** --a review by the records staff, sometimes this person will also provide the **DSM-IV** diagnostic information.

☐ **Other [name]**

## Appendix B

### General Overview of the HAPI-A Items

(Prepared by Rick Paul, Southwestern Indiana Mental Health Center, Inc., 415 Mulberry St., Evansville, IN 47713)

**A. Consumer's Rating of Symptom Distress** -This item is intended to be the consumer's own rating of how distressing the overall symptoms are and how much they interfere with her/his daily life. In rare instances where the evidence contradicts the consumer's rating (e.g., the consumer states no feelings of distress but exhibits classic symptoms of depression which are affecting functioning), then you may override the consumer's rating. Be sure to justify your reasons for this override on the rating form or in the narrative.

**B. Anxiety -Worrying** and

**C. Depression -Sad, Blue, or Suicidal Thoughts/Actions** -These items are the clinician's ratings of the degree to which anxiety and depression affect the consumer's functioning.

**Factor-2: (D. Health & Physical Status)** -This item represents the degree to which any physical or medical condition the consumer has impairs functioning or interferes with the consumer's ability to self-manage problems.

**E. Occupational Functioning** -Most adults are gainfully employed, so most consumers are rated on an estimate of how much mental illness/substance abuse impairs their occupational functioning (e.g., a consumer on SSD or SSI for emotional/drug problems should probably be rated in the severe category). If a consumer is simply unemployed because of the economy, etc. then she/he may be rated as having none or minimal impairment although factors such as motivation and attitude may be considered in making a rating more severe. Consumers who choose other roles (e.g., student or homemaker) should be rated on their functioning in that role.

**F. Daily Functioning & Independent Living Skills** -The consumer's independent living skills are rated compared to that of a fully functional person. If someone else is doing things for the consumer (i.e., spouse, case manager), the clinician should estimate the consumer's ability to manage activities alone. If such assistance is initiated by the Consumer, that may indicate an attempt to self-manage the problem.

**G. Time & Task Orientation & Learning Ability** and

**H. Thought Disorder** -Rate consumer's cognitive abilities/functioning and thought processes/functioning compared to that of a fully functional person.

**I. Social-Family Support & Interpersonal Relations** -Rate consumer's interpersonal skills/functioning compared to that of a fully functional person.

**J. Consumer's Satisfaction with Living Arrangement** -Rate consumer's satisfaction/distress regarding living situation. Consider stability of situation, general environment, and desire for less/more supervision.

**K. Victimization** -Rate the degree to which the consumer's environment negatively contributes to distress and/or negatively influences functioning. Consider unsafe aspects of physical environment and persons in environment who may present threat/danger.

**L. Disruptive -Inappropriate Behavior-** Rate degree to which consumer's behaviors are bothersome or injurious to others.

**M. Risk Behavior** -Rate degree to which consumer's behaviors (including words) put consumer at risk for harm or getting into trouble.

**N. Substance Abuse** -Rate usage and impact of alcohol and other drugs. Ratings on a number of items may be negatively affected by substance use, and each item should be rated with this effect in mind and where appropriate the substance use listed as contributing evidence (i.e., occupational functioning impaired due to alcoholism).

**O. Reliance on Services to Maintain Community Functioning** -Rate the degree to which the consumer's functioning is dependent on your agency's DMHAA provider treatment/support services. If the consumer is a new case then use your best clinical judgment in rating the degree to which the consumer's functioning is dependent upon your agency's DMHAA provider treatment/support services. Evidence to support the rating for this item may include the consumer's complete history and not just the past 30 days.

## Appendix C

### Decision Flowcharts for HAPI-A Items

(Prepared by Kathryn Vanderwater-Piercy, 630 North Senate Ave., Indianapolis, IN 46202)

#### **Factor 1: Symptoms of Distress and Mood (Items A. B. C)**

Is there evidence of A, symptoms of distress, B, anxiety-worry, C, depression?	YES ↓	NO → score 7
Can the consumer control any threat to role performance or functioning?	NO ↓	YES → score 6
Is there any difficulty in performing activities?	YES ↓	NO → score 6
Can the consumer exert enough vigilance and effort to prevent noticeable role performance or functional impairment?	NO ↓	YES → score 5
Is difficulty with performing activities noticeable to self or others?	YES ↓	NO → score 5
Can the consumer perform these activities with extra effort and support from others when the level of distress starts to become overwhelming?	NO ↓	YES → score 4
Are symptoms sufficiently active to impair role performance or functioning below a level acceptable to the consumer or others in contact with the consumer?	YES ↓	NO → score 4
Is support welcomed and seen as necessary to perform day-to-day functions?	NO ↓	YES → score 3
Are symptoms consistently present and overwhelming to the person such that he/she can attend to little else?	YES ↓	NO → score 3
Will he/she respond to efforts by others to provide assistance, support, or treatment?	NO ↓	YES → score 2
Is the person overwhelmed by the symptoms to the point of being uncooperative with efforts to help or indifferent to such efforts?		NO → score 2 YES → score 1



## **Factor 2: Health and Physical Status (Item D)**

Is there evidence of a medical or physical condition?	YES ↓	NO → score 7
Can the consumer control any threat to role performance or functioning?	NO ↓	YES → score 6
Is there any difficulty in performing activities?	YES ↓	NO → score 6
Can the consumer exert enough vigilance and effort to prevent noticeable impairment in role performance or functional impairment?	NO ↓	YES → score 5
Is difficulty with performing activities noticeable to self or others?	YES ↓	NO → score 5
Can the consumer perform these activities with extra effort and support from recognized and sought-after resources?	NO ↓	YES → score 4
Is difficulty in performing activities at a level that would lead to negative consequences without direct help from others?	YES ↓	NO → score 4
Is support welcomed and seen as necessary to perform these activities?	NO ↓	YES → score 3
Is performing activities beyond the personal capability of the consumer?	YES ↓	NO → score 3
Does she/he recognize the negative consequences of the problem if left unattended?	NO ↓	YES → score 2
Will he/she permit others to assist directly in his/her activities?	NO ↓	YES → score 2
Does the consumer either resist any assistance by others or is so indifferent to any assistance that she/he exhibits no belief or understanding that the intervention could remediate the problem?		NO → score 2 YES → score 1

### **Factor 3: Community Functioning (Items E. F)**

Is there evidence of difficulty with E, performing meaningful work, or F, daily functioning/living skills?	YES ↓	NO → score 7
Can the consumer control any threat to impaired performance?	NO ↓	YES → score 6
Is there any difficulty in performing activities?	YES ↓	NO → score 6
Can the consumer exert enough vigilance and effort to prevent noticeable impairment in performance?	NO ↓	YES → score 5
Is difficulty with performing activities noticeable to self or others?	YES ↓	NO → score 5
Can the consumer perform these activities with extra effort and support from others and take an active role in the appropriate use of these supports?	NO ↓	YES → score 4
Is difficulty in performing activities at a level that would lead to negative consequences without direct help from others?	YES ↓	NO → score 4
Is support welcomed and seen as necessary to perform these activities? (In the work situation, the person would need to be directed and closely monitored in the performance of most tasks.)	NO ↓	YES → score 3
Is taking responsibility for these activities beyond the capability of the consumer?	YES ↓	NO → score 3
Does he/she recognize the negative consequences of the problem?	NO ↓	YES → score 2
Will she/he permit others to supervise her/his activities very closely?	NO ↓	YES → score 2
Does the consumer either resist any assistance by others or is so indifferent to any assistance that he/she exhibits no belief or understanding that assistance could correct the problem?		NO → score 2 YES → score 1

### **Factor 3: Community Functioning (Items G. H)**

Is there evidence of difficulty with G, time & task orientation/learning ability, or H, thought disorder?	YES ↓	NO → score 7
Can the consumer control any threat to impaired performance?	NO ↓	YES → score 6
Is there any difficulty in performing activities?	YES ↓	NO → score 6
Can the consumer exert enough vigilance and effort to prevent noticeable impairment in performance?	NO ↓	YES → score 5
Is difficulty with performing activities noticeable to self or others?	YES ↓	NO → score 5
Can the consumer perform these activities with extra effort and support from others and welcome the assistance of others in her/his efforts to exert self-management over the problem?	NO ↓	YES → score 4
Is difficulty in performing activities at a level that would lead to negative consequences without direct help from others?	YES ↓	NO → score 4
Is support welcomed and seen as necessary to perform these activities? (In an educational or work situation, particularly a new job, the person would need to be directed and closely monitored in the performance of most tasks.)	NO ↓	YES → score 3
Is difficulty with performing these activities beyond the consumer's capability to control?	YES ↓	NO → score 3
Does he/she recognize that without help the current condition could lead to negative consequences?	NO ↓	YES → score 2
Does she/he feel it is necessary for others to direct her/his activities very closely?	NO ↓	YES → score 2
Does the consumer either resist any assistance by others or is so indifferent to any assistance that he/she exhibits no belief or understanding that assistance could correct the problem?		NO → score 2 YES → score 1

**Factor 4: Social Support, Social Skills, & Housing (Item I)**

Is there evidence of difficulty in sustaining close relationships or more distant interpersonal relationships?	YES ↓	NO → score 7
Can the consumer maintain acceptable relationships with effort?	NO ↓	YES → score 6
Does the consumer need to use consistent vigilance and effort to prevent noticeable impairment in performance?	YES ↓	NO → score 6
Can the consumer exert enough vigilance and effort to prevent noticeable impairment in performance?	NO ↓	YES → score 5
Is difficulty with social interactions on a daily basis noticeable to self or others?	YES ↓	NO → score 5
Is the sustaining of these relationships only possible with extra effort and support from others and is the person able to mobilize appropriate supports when distress related to these relationships starts to become overwhelming?	NO ↓	YES → score 4
Is difficulty evident at most all encounters?	YES ↓	NO → score 4
Is support welcomed and seen as necessary to sustain positive interactions with others?	NO ↓	YES → score 3
Are interpersonal interactions with others either nonexistent or so difficult that they are actively avoided by the consumer or others avoid the consumer?	YES ↓	NO → score 3
Are positive interactions able to be sustained with active assistance?	NO ↓	YES → score 2
Does the consumer resist any assistance expressing a disbelief that anything will change the current situation?		NO → score 2 YES → score 1

**Factor 4: Satisfaction with Living Arrangement (Item J)**

Is there evidence of distress related to living arrangements?	YES ↓	NO → score 7
Can the consumer control any threat to role performance or functioning?	NO ↓	YES → score 6
Does the consumer need to use consistent vigilance and effort in order to prevent noticeable impairment in role, performance or functioning?	YES ↓	NO → score 6
Can the consumer exert enough vigilance and effort to prevent noticeable impairment in role performance or functioning?	NO ↓	YES → score 5
Does distress related to living conditions have a negative influence on some areas of role performance or functioning?	YES ↓	NO → score 5
Can the consumer sustain the arrangement with extra effort and support from others, OR if the person is considering moving, does the consumer need extra effort and assistance from others to arrange it?	NO ↓	YES → score 4
Does distress related to living conditions have a negative influence in several major areas of role performance or functioning?	YES ↓	NO → score 4
Is current performance at a level that would lead to negative consequences without direct help from others and is this help welcomed by the consumer and seen as necessary to either sustain his/her current living arrangement or to make a move to a more appropriate situation?	NO ↓	YES → score 3
Is the distress sufficiently debilitating that it impairs role performance or functioning most of the time?	YES ↓	NO → score 3
Does he/she recognize the severity of the distress and permit others to direct his/her activities with regard to living arrangements?	NO ↓	YES → score 2
Does the consumer express no interest in taking action to correct the problem, resist assistance by others or is so indifferent to assistance that he/she exhibits no belief that the intervention could correct the problem?		NO → score 2 YES → score 1

#### **Factor 4: Victimization (Item K)**

	YES ↓	NO → score 7
Is there evidence of potential danger for some agent in the environment to threaten the person or for a person in the consumer's social circle to threaten or to verbally or physically abuse the consumer?		
Can the consumer control any threat to role performance or functioning?	NO ↓	YES → score 6
Can the consumer exert enough vigilance and effort to prevent any threat to role performance or functioning?	NO ↓	YES → score 5
Is the danger of negative impact on role performance or functioning consistently present?	YES ↓	NO → score 5
Can the consumer deal with the danger with extra effort and support from others?	NO ↓	YES → score 4
Is impaired performance evident?	YES ↓	NO → score 4
Does the consumer understand what is needed to change the situation without assistance?	NO ↓	YES → score 3
Is performing activities beyond the personal capability of the consumer?	YES ↓	NO → score 3
Will the consumer cooperate with any assistance offered?	NO ↓	YES → score 2
Will she/he permit others to assist directly in her/his activities?	NO ↓	YES → score 2
Does the consumer require close supervision and support due to no recognition of the signs of threat or dangerousness?		NO → score 2 YES → score 1

#### **Factor 4: Disruptive Inappropriate Behavior (Item L)**

Is there evidence of trouble controlling angry impulses or other inappropriate behaviors?	YES ↓	NO → score 7
Can the consumer control these impulses when there is any threat to role performance or functioning?	NO ↓	YES → score 6
Can the consumer exert enough vigilance and effort to prevent any threat to role performance or functioning?	NO ↓	YES → score 5
Is difficulty controlling impulses noticeable to self or others?	YES ↓	NO → score 5
Can the consumer perform activities with extra effort and support from others?	NO ↓	YES → score 4
Is difficulty in controlling impulses at a level that would lead to negative consequences without direct help from others?	YES ↓	NO → score 4
Is support welcomed by the consumer and seen as necessary to perform day-to-day activities?	NO ↓	YES → score 3
Is impulse control beyond the capability of the consumer?	YES ↓	NO → score 3
Will the consumer permit others to direct her/his activities very closely?	NO ↓	YES → score 2
Does the consumer recognize the negative consequences of his/her behavior?	NO ↓	YES → score 2
Does the consumer either resist any assistance by others or is so indifferent to any assistance that he/she exhibits no belief or understanding that intervention could correct the problem?		NO → score 2 YES → score 1

### **Factor 5: Risk Behavior (Item M)**

Is there evidence of difficulty controlling thoughts, actions, or impulses that put the consumer at risk of getting hurt or into trouble?	YES ↓	NO → score 7
Can the consumer control any threat to role performance or functioning?	NO ↓	YES → score 6
Can the consumer exert enough vigilance and effort to prevent noticeable impairment in role performance or functioning?	NO ↓	YES → score 5
Is difficulty in controlling thoughts, actions, or impulses noticeable to others?	YES ↓	NO → score 5
Can the consumer exert the appropriate level of control with extra effort and support from others?	NO ↓	YES → score 4
Is difficulty in controlling thoughts, actions, or impulses at a level that would lead to negative consequences without direct help from others?	YES ↓	NO → score 4
Is support welcomed by the consumer and seen as necessary to avoid performing these activities?	NO ↓	YES → score 3
Is impulse control beyond the capability of the consumer?	YES ↓	NO → score 3
Will the consumer permit others to direct his/her activities very closely?	NO ↓	YES → score 2
Does the consumer recognize the negative consequences of her/his behavior?	NO ↓	YES → score 2
Does the consumer either resist any assistance by others or is so indifferent to any assistance that he/she exhibits no belief or understanding that intervention could remediate the problem?		NO → score 2 YES → score 1



### **Factor 5: Substance Abuse (Item N)**

Is there evidence of alcohol or other drug use?	YES ↓	NO → score 7
Is there evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use?	YES ↓	NO → score 6
Does the consumer recognize the social and legal implication of substance use and recognize their "wanting" to use it?	NO ↓	YES → score 6
Can the consumer readily exert the control necessary to avoid inappropriate use (defined as <b>no use</b> if substance is illegal) and related problems?	NO ↓	YES → score 6
Is there evidence of immediate or recurrent social, occupational, psychological, or physical problems or evidence of recurrent or dangerous use?	YES ↓	NO → score 5
Does he/she require considerable effort and support to control his/her substance use?	YES ↓	NO → score 5
Is the effort required to control her/his wanting to use almost constant, or does he/she need ready access to support to sustain her/his efforts?	YES ↓	NO → score 4
Is there evidence of greater amounts or duration of consumption than intended, much time spent obtaining or using substance, current intoxication or withdrawal interfering with other activities due to use, continued use despite knowledge of substance related problems, marked tolerance, withdrawal symptoms, or use to relieve/avoid withdrawal?	YES ↓	NO → score 3
Is ability to control intake without assistance from others possible?	NO ↓	YES → score 3
Does the consumer recognize the negative consequences of her/his behavior?	NO ↓	YES → score 2
Does the consumer either not recognize the seriousness of the problem or resist any assistance?		NO → score 2 YES → score 1

**Factor 5: Reliance on Services (Item O)**

Is there evidence that the consumer relies on provider services to maintain community functioning?	YES ↓	NO → score 7
Is there evidence that the consumer will manifest at least some sub-optimal functioning in the community without DMHAA provider services?	YES ↓	NO → score 7
Will the consumer manifest at least mild impairment in at least one major life area without DMHAA provider services?	YES ↓	NO → score 6
Will the consumer manifest at least moderate difficulty in at least one major life area, noticeable to self or others, without DMHAA provider services?	YES ↓	NO → score 5
Will the consumer experience definite negative consequences without DMHAA provider services?	YES ↓	NO → score 4
Is danger to self or others imminent without DMHAA provider services?	YES ↓	NO → score 3
Will the consumer manifest severe difficulty in multiple life areas without DMHAA provider services?		NO → score 2 YES → score 1

## PROBLEM SEVERITY & SELF-MANAGEMENT, & THEIR IMPACT ON CONSUMER FUNCTIONING

The Conceptual Framework for the Multi-Factor Scale [Frederick L Newman, Florida International University, 5/23/96]

The primary goal of MH services is to assist the consumer to achieve a level of functioning as free as possible from symptom distress with the ability to manage her or his own affairs and to be a productive member of the community. Each item seeks to estimate the degree to which two features of a problem area come together to impact the consumer's functioning: (a) the degree to which a particular problem or skill deficit impacts on a person's daily functioning; and (b) the degree to which the problem is mitigated by her/his ability to self-manage her or his functioning and quality of life given the difficulties offered by the problem or skill deficit. Stated another way a problem as described by its signs or symptoms might be quite severe, however, the consumer might also exhibit sufficient skills in managing the impact of that problem such that its impact on functioning or quality of life is lessened.

Thus, when self-management is operating very well (with minimal problem difficulty or impact on functioning, levels **6** or **5**) the consumer is capable of monitoring her or his reaction to stressful situations and their own signs and symptoms. When these signs appear to be distressful and/or problematic to role functioning, the consumer makes use of available resources to mitigate the problem or negative influence on functioning. At the other extreme (level **1**), the problem is so severe that the consumer either does not see it as a problem, or does not see that she/he has any responsibility for it, or does not think that anything can be done to alleviate the problem. In between these two extremes (moderate levels) are degrees to which the consumer becomes involved in taking responsibility for the problem and its impact on daily functioning.

The anchors given within each item are different because the features of each problem and the self-management skills needed to deal with the problem are specific to that domain. The ratings on the 1 to 7 scale should be made in terms of these anchors. However, the following provides a general guideline for rating the items:

- ⑦ No problem/impairment
- ⑥ Symptoms/difficulty present some of the time, but no real impairment
- ⑤ Symptoms/difficulty more consistently present and requires consistent effort to prevent impairment.
- ④ Symptoms/difficulty do impair functioning to a degree that is noticeable to self or others
- ③ Symptoms/difficulty do impair functioning to a degree that leads to negative consequences, or could without help from others
- ② Symptoms/difficulty consistently present and overwhelming to point of being beyond the control of person, but will allow others to help
- ① Symptoms/difficulty consistently present and overwhelming to the point of being beyond the control of person, but will not allow others to help, is indifferent to help, and/or denies the problem.

Scoring guidelines prepared by Rick Paul. Southwestern Indiana Mental Health Center, Inc.. 415 Mulberry St., Evansville, IN 47713.

## SUBSTANCE ABUSE SCALE -Used with Items N1 through N6. [Adapted from Drake, Teague, et al, 1990]

### LC Low Confidence

⑦ **NONE:** Consumer has not used substance(s).

- ⑥ - ⑤ **MILD-MINIMAL:** Used substance, but no evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use, no evidence of immediate dangerous use. The distinction between Level **6** and **5** is the ease with which the person can exert control over taking more than they should. At level **6** the person recognizes the social and legal implications of substance use, recognizes her or his "wanting" to use it, but can readily exert the control necessary to avoid inappropriate use and related problems. [Note: if is an illegal substance. this means avoiding any use.] At level **5** the person requires, and can exert, more vigilance to control their use of the substance(s).
- ④ - ③ **MODERATE:** Used substance with evidence of immediate or recurrent social, occupational, psychological, or physical problems or evidence of recurrent or dangerous use. Moderate or intermittent signs of impairment on functioning. At level **4** the person recognizes the problem and must exert considerable control and make use of supports to control her/his substance use. At level **3** the person would report that the effort required to control her/his wanting to "use" is almost constant, and also requires that she/he has ready access to support to sustain her/his efforts at sobriety. Success in the control of use at both levels is less than perfect for some. Some report that they do not believe that they can sustain control without the active involvement with a support system (see item **Q. Reliance on Services to Maintain Community Support**).
- ② **SEVERE:** Meets **MODERATE** criteria plus current evidence of greater amounts or duration of consumption than intended. Much time spent obtaining or using substance, current intoxication or withdrawal interfering with other activities due to use; continued use despite knowledge of substance related problems, marked tolerance: withdrawal symptoms or use to relieve/avoid withdrawal. Although the person recognizes the extent of the problem, the ability to control intake without assistance from others does not appear possible.
- ① **EXTREME SEVERE:** Meets Severe criteria -plus problems currently precipitating or exacerbating current crisis. The person does not appear to recognize the seriousness of the problem while at this level and will typically resist any assistance.